SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:15

DOCUMENT # **P94000069911 (3)**

1. Corporation Name

FRAVEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2623 S.W. CONCH COVE LANE PALM CITY FL 34990	2623 S.W. CONCH COVE LANE PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3267105 (Applied For / Not Applicable)
21 2361 S.E. Federal Hwy	26 2361 S.E. Federal Hwy	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Stuart Florida	City & State 28 Stuart Florida	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 34994 County 25 U.S.A	Zip 29 34994 County 30 U.S.A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALOCSAY, VELMA 2623 S.W. CONCH COVE LANE PALM CITY FL 34990	81 Name: Malocsay, Velma 82 Street Address (P.O. Box Number Not Acceptable): 2361 S.E. Federal Hwy 83 84 City: Stuart, FL 65 Zip Code: 34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Malocsay, Velma (Signature typed or printed name of registered agent and title if applicable) Velma Malocsay (NOTE: Registered Agent signature required when reinstating) 6/12/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	MALOCSAY, FRANK	12 NAME	Malocsay, Frank	
STREET ADDRESS	2623 S.W. CONCH COVE LANE	13 STREET ADDRESS	2361 S.E. Federal Hwy.	
CITY ST ZIP	PALM CITY FL 34990	14 CITY ST ZIP	Stuart, FL, 34994	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	MALOCSAY, VELMA	22 NAME	Malocsay Velma	
STREET ADDRESS	2623 S.W. CONCH COVE LANE	23 STREET ADDRESS	2361 S.E. Federal Hwy,	
CITY ST ZIP	PALM CITY FL 34990	24 CITY ST ZIP	Stuart, FL. 34994	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Velma Malocsay Velma Malocsay 6/12/95 407-283-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110900 CR